

6 November 2006

ACADEMY OF HEALTH SCIENCES POLICIES INDEX

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Reporting of Change in Status of Personnel (Policy #1)

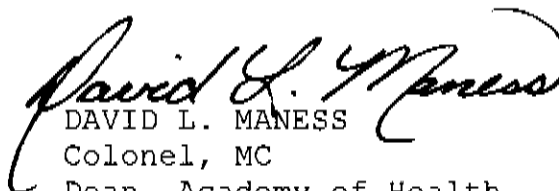
1. This policy establishes a requirement for department chiefs to telephonically and expeditiously inform the Dean of any change in status of permanent party and/or student personnel as a result of:

- a. Serious or unusual illness.
- b. Injury.
- c. Hospitalization.
- d. Death.

2. Normally, information may be disclosed to the Office of the Dean or the Chief, Administrative Support Office; however, reports considered sensitive or embarrassing should be reported directly to the Dean or Associate Dean.

3. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.

4. This policy supersedes AHS Policy #1, 7 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

05 DEC 2006

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Personnel Newly Assigned to the AHS (Policy #2)

1. Reference U.S. Army Medical Department Center and School Memorandum 600-4, Orientation Briefing for Newly Assigned Personnel.
2. All newly assigned commissioned/warrant officers will be scheduled for a courtesy visit with the Dean or the Associate Dean, AHS, during their first month of duty. Call the Dean's secretary, 18715, to schedule an appointment.
3. Noncommissioned officers (NCOs) will be scheduled for a courtesy visit with the AHS Sergeant Major (SGM) during their first month of duty. The Branch or department NCOIC is responsible for scheduling this appointment. Call the SGM's Administrative Assistant, 18336, to schedule an appointment.
4. Department secretaries are responsible for scheduling department chiefs for courtesy visits with other departments or activities.
5. The Dean or his representative welcomes incoming instructor-candidates at the opening of each Instructor Training Course.
6. All newly assigned personnel are required to attend the US Army Medical Department Center and School Newcomer's Orientation, and Support Cadre Training Course or Installation Staff and Contractors Training Course.
7. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.
8. This policy supersedes AHS Policy #2, 7 Oct 04.


DAVID L. MANESS

Colonel, MC

Dean, Academy of Health
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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Signature Authority on AHS Correspondence (Policy #3)

1. References:

a. Army Regulation 25-50, Preparing and Managing Correspondence.

b. U.S. Army Medical Department Center and School Memorandum 25-50, Correspondence/Administrative Publications Guide.

2. All personnel will be familiar with the provisions of the references cited above, particularly paragraph 1-10 of reference 1b, which explains technical versus command correspondence.

3. The Associate Dean, and the Assistant Dean for Operations are authorized to sign documents for the Dean, as appropriate.

4. Releaser authority on command correspondence is delegated to:

- a. Associate Dean.
- b. Assistant Dean for Operations.
- c. Assistant to the Dean.
- d. Senior Enlisted Instructor, AHS.
- f. Chief, Administrative Support Office.
- g. Training Analyst.

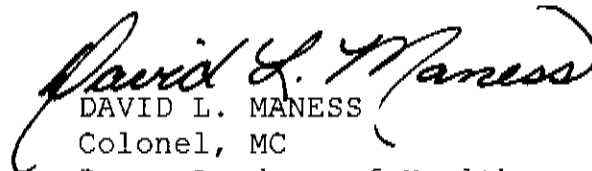
5. Both releaser and signature authority for technical correspondence are delegated to:

- a. Associate Dean.
- b. Assistant Dean for Operations.
- c. Assistant to the Dean.

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SUBJECT: Signature Authority on AHS Correspondence (Policy #3)

- d. Senior Enlisted Instructor, AHS.
 - e. Chief, Administrative Support Office.
 - f. Training Analyst.
 - g. All department chiefs.
6. An authority line will not be used on technical correspondence.
7. All releasers of technical and command correspondence will comply with provisions of paragraph 1-6, reference 1b.
8. The point of contact for this policy is Ms. Carolyn Hayden, Chief, Administrative Support office, Office of the Dean, AHS, 17316.
9. This policy supersedes AHS Policy #3, 1 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Security of Examination Materials (Policy #4)

1. References.

a. Army Regulation 611-5, Army personnel and Classification Testing.

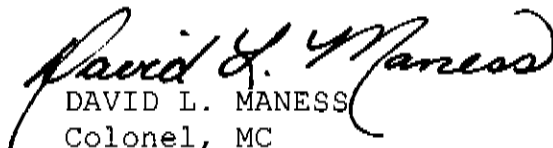
b. US Army Training and Doctrine Command Regulation 350-70, VI-7, Systems Approach to Training Management Processes, and Products.

2. To ensure maximum security of examination materials, departments are required to develop and publish standing operating procedures (SOPs) for the preparation, reproduction, and safeguarding of all testable materials. This security requirement extends to the actual administration of examinations, including web-based exams and computer exam files.

3. All personnel engaged in testing activities will be familiar with this policy and their departmental SOPs.

4. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.

5. This policy supersedes AHS Policy #4, 7 Oct 04.



DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Social Functions Involving Students and Faculty
(Policy #5)

1. Social functions, where students and faculty members are to be in attendance, may be conducted with the approval of the department chief.
2. Invitations to such functions should include all students and faculty as appropriate in accordance with reasonable prudence and judgment; such as, class members, class advisor, and principal faculty and support personnel.
3. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.
4. This policy supersedes AHS Policy #5, 7 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Protection of Personal/Sensitive Documents (Policy #6)

1. Reference Army Regulation 340-21, The Army Privacy Program.
2. The routing of documents through distribution channels is an accepted procedure within the US Army Medical Department Center and School; however, care must be taken to protect documents that are personal in nature.
 - a. To ensure proper protection, all sensitive documents will have a Department of the Army Label 87, For Official Use Only, cover.
 - b. Standard Form 65-B, U.S. Government Messenger Envelope, will be addressed to the specific person who is to receive the correspondence.
 - c. Only persons with a need-to-know will be allowed access to documents of a personal nature.
 - d. Disclosure of information on a student's status in a course will not be given to sources outside academic channels, unless the student has signed a privacy act statement release. All requests for student status information, to include verification of training and grades will be forwarded to the Registrar Services and Training Management Branch, Department of Academic Support and Quality Assurance.
 - e. For purposes of definition, the following are considered sensitive documents:
 - (1) Military and civilian evaluation reports and civilian personnel actions.
 - (2) Recommendations for awards (military and civilian).
 - (3) Memoranda of commendation/reprimand or similar documents.

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SUBJECT: Protection of Personal/Sensitive Documents (Policy #6)

(4) Student tests and grade sheets.

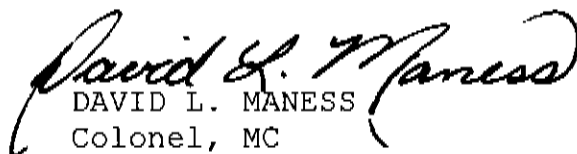
(5) Relief/recycle of students from courses of instruction.

(6) Academic Evaluation reports.

3. Supervisory personnel are responsible for establishing internal procedures for implementing this policy.

4. The point of contact for this policy is Ms. Carolyn Hayden, Chief, Administrative Support Office, Office of the Dean, AHS, 17316.

5. This policy supersedes AHS Policy #6, 7 Oct 04.

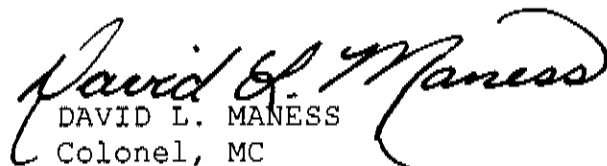

DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Appointment of Hand Receipt Holders (Policy #7)

1. Reference Procedural Handbook for Consolidated Installation Property Book Branch.
2. Authority to appoint hand receipt holders is delegated to the department chiefs.
3. A U.S. Army Medical Department Center and School, CSFS Form 4301-E-R, Duty Appointment/Assignment for Military or Civilian Personnel will be prepared and a copy furnished to:
 - a. The individual designated as hand receipt holder.
 - b. Property Control, Directorate of Logistics.
 - c. The department file.
4. When the assigned primary hand receipt holder leaves the area of his/her primary duties for a period in excess of 30 calendar days (e.g., TDY, leave, emergency, hospitalization, or extended detached duty), the commander/activity chief must appoint a temporary hand receipt holder.
5. The point of contact for this policy is Ms. Carolyn Hayden, Chief, Administrative Support Office, Office of the Dean, AHS, 17316.
6. This policy supersedes AHS Policy #7, 7 Oct 04.



DAVID L. MANESS
Colonel, MC
Dean, Academy of Health Sciences

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Food and Drink Policy for Willis Hall, Building 2841
(Policy #8)

1. Food and drink may be consumed by students only in the basement patio areas of Willis Hall and at the two gazebos behind the south end of Willis Hall.
2. Academy staff may consume food and drink in their immediate work areas, provided the location is not a classroom.
3. Water may be authorized in classrooms as an exception to policy.
4. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.
5. This policy supersedes AHS Policy #8, 7 Oct 04.


DAVID L. MANESS
Colonel, MC
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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Total Army Performance Evaluation System (TAPES)
(Policy #9)

1. Reference Army Regulation 690-400, Chapter 4302 Total Army Performance Evaluation System (TAPES).

2. The following information is furnished for information and appropriate action:

a. To simplify the TAPES as much as possible, request all employees have a rater and senior rater (an intermediate rater may not be required).

b. Normal evaluation ending dates follow:

(1) GS/WS-8 and below and all WG and WL: 30 Apr.

(2) GM/GS/WS-13 and above: 30 Jun.

(3) GS/WS-9 thru 12: 31 Oct.

c. All out-of-cycle periods of evaluations will be completed in accordance with reference 1.

3. Supervisors should ensure the appropriate forms have been prepared and signed by the rater, senior rater, and employee, as follows:

a. Department of the Army Form 7223, Base System Civilian Evaluation Report.

b. Department of the Army Form 7223-1, Base System Civilian Performance Counseling Checklist/Record (GS/WS-8 and below and all WG and WL).

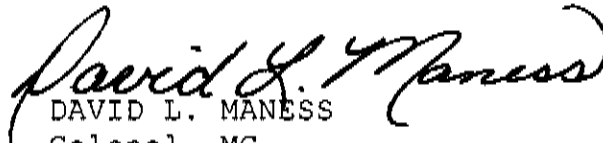
c. Department of the Army Form 7222, Senior System Civilian Evaluation Report Form.

d. Department of the Army Form 7222-1, Senior System Civilian Evaluation Report Support Form (GM/GS/WS-9 and above).

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SUBJECT: Total Army Performance Evaluation System (TAPES)
(Policy #9)

4. An initial counseling must be performed and at least one midpoint counseling session is required.
5. The point of contact for this policy is Ms. Michelle Ramirez, Office of the Dean, AHS, 18336.
6. This policy supersedes AHS Policy #9, 7 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Development and Staffing for the System Training Plan (STRAP) (Policy #10)

1. References.

a. US Army Training and Doctrine Command Regulation 350-70, Systems Approach to Training Management, Processes, and Products.

b. US Army Training and Doctrine Command (TRADOC) Regulation 71-9, Force Development Requirements Determination.

c. Department of Defense 5000 Series, Procurement Policy.

2. The STRAP is the master training plan for a new or modified materiel system or family of systems, and for a non-system training device (NSTD) to include training aids, devices, simulators, and simulations (TADSSs). The STRAP identifies new equipment training, tasks to be trained, equipment for training and training device requirements, and serves as the baseline document for developing the support training strategy. The STRAP originates from the interactions with the combat developer and the training developer. Upon receipt of a draft Capabilities Development Document (CDD), the proponent school for the system begins developing the STRAP. The STRAP document ensures the individual training proponents receive equipment required for institutional training.

3. The Department of Training Support (DTS) initiates STRAPs for medical-specific systems and STRAP waivers for systems without training requirements. The STRAP annexes are developed for TRADOC schools that are proponents for non-medical equipment that is essential to the performance of combat health support missions. The STRAP requires additional staffing as the acquisition process matures.

4. The STRAP and STRAP annexes are staffed to the Quality Assurance Office and applicable training departments depending on the medical specificity of the system. Staffing will be completed within **15-working** days from the date the staffing

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SUBJECT: Development and Staffing for the System Training Plan
(STRAP) (Policy #10)

staffing memorandum is initiated. Electronic mail staffing is encouraged.

5. The reviewing department will implement changes and/or recommendations as appropriate. The Force Modernization Training (FMT) Branch, DTS, will review and resolve all unresolved comments with the Chief, DTS. The completed STRAP will be staffed thru Chief, DTS to the Dean, AHS, for approval. The DTS then forwards the validated STRAP to TRADOC for final approval.

6. The POCs for this policy are COL Lawrence Marquez, Chief, DTS, 10077, and Mr. TJ Barnes, Deputy, DTS, 59344.

7. This policy supersedes AHS policy #10, dated 7 Oct 04.



DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

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MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Recruiting Students for Attendance at an Additional Skill Identifier (ASI) Course (Policy #11)

1. Reference Army Regulation 350-1, Army Training and Leader Development, 13 January 2006.
2. The Specialized Training Management Branch and Health Services Branch, US Army Human Resources Command (HRC), specifically approve requests and make reservations for ASI training. This process assures that the Soldier is awarded the ASI upon graduation and is assigned to a unit/command that is authorized the ASI. Walk-in students on unit orders (as compared to HRC-directed orders) will not be enrolled.
3. Course personnel must coordinate with and receive approval from the Army Medical Department (AMEDD) Personnel Proponent Directorate (APPD) to recruit students from military occupational specialty (MOS)-producing classes to fill ASI classes. All requests will be considered on a case-by-case basis. The Soldier must complete a DA Form 4187, Personnel Action, and send it through the proper channels to the AMEDD Proponent noncommissioned officer (NCO) in the Health Services Branch, Enlisted Personnel Management Division (EPMD), HRC, for approval. Recommended timeframe for submission of the DA Form 4187 is not less than 45 days prior to the Soldier's graduation. These students' reservations will be input into the Army Training Requirements and Resources System by HRC.
4. The AMEDD Proponent NCO, Health Services Branch, EPMD, HRC, may be contacted at (703) 325-0206/DSN 221-0206, or by fax at (703) 325-6402 /DSN 221-0206.
5. The point of contact for this action is the Chief, Registrar Services and Training Management Branch, Department of Academic Support and Quality Assurance, 221-7388.
6. This policy supersedes AHS Policy #11 dated 7 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health Sciences

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Blackberry, Cellular Telephone, and Pager Management
(Policy #12)

1. Reference Memorandum, MCCS-R, dated 26 Sept 02, subject: Cell Phone and Pager Management Policy.
2. This memorandum established the AHS policy for the acquisition, maintenance, and control of blackberries, cellular telephones, pagers, and airtime used to conduct official government business. The purpose of this policy is to manage the acquisition and usage of these items within the AHS.
3. Per referenced memo, blackberry, cellular telephone, and pager acquisition and associated airtime will be restricted to the minimum number of personnel required to maintain contact with the organization. The level of service will be the minimum necessary to adequately support the user in meeting mission requirements. These items are not intended for personal convenience; however, personal emergencies are the exception. They are to be used only as a tool to maintain continuity of operations outside normal operational circumstances.
 - a. Personnel within AHS authorized to possess government blackberries and cellular telephones are the department chiefs or their designees. The unit of issue is one blackberry and one cellular telephone or cellular/blackberry combo per department.
 - b. Government pagers will be assigned to individuals designated by their department chief.
 - c. All personnel in possession of a blackberry, cellular telephone, or pager will be briefed on this policy and the specifics of their plan. If a user exceeds the service level of their plan in any way, they will be charged the extra service amount used. In addition, they may be held responsible for payment and have the item revoked. If continually abusive, the individual may be punished under the appropriate disciplinary proceedings. Such occurrences will be examined on a case-by-case basis. All personnel issued these items or already in possession of these items will sign a statement of understanding regarding their use and safekeeping.

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SUBJECT: Blackberry, Cellular Telephone, and Pager Management
(Policy #12)

d. Additional blackberries and cellular telephones must be justified, in writing, by the department chief and routed to the Associate Dean for approval. Items to address in the justification: items requested, number of items, justification, and impact if not approved.

4. The Office of the Dean will manage the overall budget for these items and will be the approving and certifying official for all charges incurred. Upon approval of the Associate Dean or his designee, acquisition of blackberries, cellular telephones, pagers, airtime, or service will be coordinated through the Dean's office representative. The Office of the Dean will receive all bills and forward a copy of the bill with a statement of verification (with suspense) to the designated department for review and approval by the department chief or designated appointee. Upon return of the verification paperwork, payment will be made to the servicing vendor.

5. Any damaged, destroyed, lost, stolen, extra or turned-in blackberry, cellular telephone, or pager must have documented paperwork to show that the item is accounted for in accordance with AR 735-5, Policies and Procedures for Property Accountability. The item turned-in must be taken to the Information Technology Business Center (ITBC) by the hand receipt holder. A copy of the supporting documentation (DA Form 4697, DA Form 362 or DA Form 3161) will be turned in to the Office of the Dean for service to be suspended. Without turn-in documentation, service will continue and usage will be charged to the department.

6. Personnel in possession of a blackberry, cellular phone, or pager who are undergoing a permanent change of station, retiring, or separating, are required to coordinate with their department hand receipt holder. A copy of the change will be forwarded to the Office of the Dean.

7. The user will maintain proper accountability of all blackberries, cellular telephones, and pagers. Items that are

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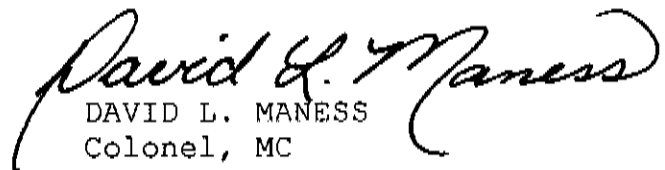
SUBJECT: Blackberry, Cellular Telephone, and Pager Management
(Policy #12)

lost or stolen, due to lack of personal control, will be in violation of this policy. If the user's lack of proper physical security measures is the proximate cause of the loss, the user can be held liable.

8. The Associate Dean or his designee will review exceptions to this policy on a case-by-case basis.

9. The point of contact for this policy is Mr. Gilbert Rubio, Automation Assistant, Office of the Dean, AHS, 18511.

10. This policy supersedes AHS Policy #12 dated 7 Oct 04.

A handwritten signature in black ink, reading "David L. Maness". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

DAVID L. MANESS
Colonel, MC
Dean, Academy of Health Sciences

05 DEC 2006

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Training Requirements Arbitration Panel (TRAP) Review Policy (Policy #13)

1. References.

a. Army Regulation 350-1, Army Training and Leader Development, 13 January 2006.

b. Army Regulation 350-10, Management of Army Individual Training Requirements and Resources, 14 September 1990.

c. US Army Training and Doctrine Command (TRADOC) Regulation 350-6, Enlisted Initial Entry Training (IET) Policies and Administration, 30 December 2005.

2. The Registrar Services and Training Management Branch (RSTMB), Department of Academic Support and Quality Assurance (DASQA), serves as the Commander, US Army Medical Department Center and School's (AMEDDC&S) executive agent for the Army Training Requirements and Resources System (ATRRS) for AMEDDC&S courses. The TRAP process is used to make adjustments to the Structure Manning Decision Review (SMDR) student requirements in the execution year and one year prior. Changes that may trigger increases and decreases to requirements include, but are not limited to, the war effort, attrition, and low student numbers in prior classes.

3. The RSTMB receives the TRAP request from the Department of the Army via ATRRS and requests approval without constraints, or identification of constraints, from the following: Deputy Chief of Staff for Resource Management (DCSRM); training departments; 32d Medical Brigade; battalions; and Garrison. The constraints are entered in the ATRRS remarks section by the RSTMB and forwarded to Department of the Army G-1.

4. All training proponents for military occupational specialties, additional skill identifiers, and leadership courses will:

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SUBJECT: Training Requirements Arbitration Panel (TRAP) Review
Policy (Policy #13)

a. Review all TRAP requests and provide response to DASQA within the suspense timeframe. A review and response is used to validate concurrence and/or provide constraints to the DCSRM.

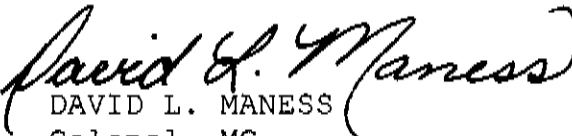
b. Brief the Dean, AHS, and obtain course of action approval prior to the official response to Army G-1.

c. Attend scheduled TRAP in-progress-reviews (IPR) and provide input as required.

5. The DCSRM and Office of the Dean will format and prepare the draft briefing, and schedule the draft IPR with the Dean, AHS. Once the Dean approves, the data will be finalized and presented for AMEDDC&S decision. All supporting activities (i.e., DCSRM, 32d Medical Brigade, battalions, applicable training departments, and Garrison representatives) will be invited to address the impact on their support.

6. The point of contact for this policy is the Chief, DASQA, 18745.

7. This policy supersedes AHS Policy #13 dated 7 Oct 04.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

0 5 DEC 2006

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: The Management Internal Control Process (Policy #14)

1. References.

a. Federal Managers' Financial Integrity Act of 1982, Public Law (PL) 97-255.

b. Office of Management and Budget (OMB) Circular A-123, Management's Responsibility for Internal Control, 21 December 2004.

c. U.S. General Accounting Office (GAO) Standards for Internal Control in the Federal Government, November 1999.

d. DoD Directive 5010.40, 28 August 1996, Management Control Procedures.

e. Army Regulation 11-2, Management Control, 1 August 1994.

f. Memorandum, MCIR, Subject: Stewardship and the Army Management Control Process, 25 Feb 05.

2. The Surgeon General states in reference 1.f., "Within the Army medical community, we must employ strong internal controls to ensure we continue to deliver high-quality healthcare in an efficient, effective manner. A first-rate Management Internal Control Process that adds value and demonstrates a commitment to effective stewardship of our resources is essential to preserving the trust of our leadership".

3. The Management Internal Control Process (MICP) is mandatory for every organization. This policy is designed to provide department chiefs and departmental personnel at all levels, an overview of how we will operate the MICP within the AHS.

4. Management Controls are the continuous processes of checks and balances built into our everyday operations. The Annual Statement of Assurance on Management Controls within the AHS provides reasonable assurance that assets, property, and funds are safeguarded.

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SUBJECT: The Management Internal Control Process (Policy #14)

5. Management controls are those rules procedures, techniques and devices we use to ensure what should occur in daily operations actually does occur, and to curb fraud, waste, and abuse of Army resources. The Army's MICP requires a periodic evaluation of essential internal controls and the annual reporting on the overall effectiveness of our control systems.

6. Responsibilities.

a. Dean, AHS:

(1) Serves as the Senior Responsible Official and Assessable Unit Manager for the AHS departments.

(2) Provides leadership emphasis, direction, and support to ensure effective execution of the MICP within the AHS.

(3) Reviews and signs the Annual Statement of Assurance each fiscal year IAW AR 11-2.

(4) Ensures his performance agreement includes an explicit statement of internal controls responsibility IAW AR 11-2, paragraph 2-10.

(5) Obtains internal control (IC) training and ensures internal control administrators (ICAs) and managers attend training IAW the requirements in AR 11-2.

(6) Certifies the results of evaluations by signing the DA Forms 11-2-R. The ICAs will retain forms and back-up documentation for a minimum of 5 years for audits and trend analysis.

b. Department Chiefs:

(1) Serve as IC managers (ICMs).

(2) Ensure optimal tracking and/or monitoring of the MICP for the AHS departments.

(3) Appoint internal control coordinators (ICCs).

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SUBJECT: The Management Internal Control Process (Policy #14)

(4) Attend MICP training annually (on-line, briefing, 1-day, or 2-day course) and ensure ICCs and other managers are trained.

(5) Ensure an Internal Control Plan (ICP) is maintained that describes how key internal controls in the functional units will be evaluated over a 5-year period.

(6) Ensure selected IC evaluations will be conducted and documented on DA Form 11-2-R, MC Evaluation Certification Statement, according to the ICP and the requirements stated in AR 11-2.

(7) Ensure material weaknesses are identified, reported and corrected.

(8) Ensure required documentation on each completed IC evaluation is retained, subject to audit and/or inspection

c. Internal Control Coordinators:

(1) Advise the ICM on the implementation and status of the department's MICP.

(2) Keep the ICM and other departmental managers informed of IC matters.

(3) Identify the department's requirements for IC training by providing or arranging it.

(4) Maintain the ICP for the department and provide guidance to branches for review and submission back to the AHS Management Control Administrator (MCA).

(5) Ensure material weaknesses reported by the department are tracked until completed.

(6) Provide guidance and assistance to the ICM and staff on IC matters to include the completion of IC evaluations required by the department's MICP.

MCCS-H

SUBJECT: The Management Internal Control Process (Policy #14)

7. There are numerous methods for an ICA to receive training:

a. Group presentations/briefings (recommended for first-line supervisors and key staff).

b. Seminar/workshops (8-hour seminar for department chiefs and other managers, covers statutory and regulatory requirements).

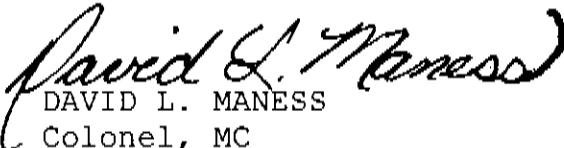
c. Individual desk-side briefings (30 minutes-for managers whose time is difficult to schedule).

d. Video Teleconferences (first-line supervisors and key staff).

e. Interactive/on-line training (first-line supervisors and key staff).

f. Full scale training courses (such as the 2-day USDA course) are most appropriate for ICCs since they are the focal point for the organization's entire MICP and require the most in-depth knowledge. Additional information for all courses can be found at www.grad.usda.gov/gati.

8. The point of contact for this policy is Ms. Carolyn Hayden, Management Control Administrator (MCA), AHS, 1-7316 or Michelle Garner, Assistant MCA, 1-6371.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Continuing Education Credits for AHS Programs (Policy #15)

1. References.

a. Army Regulation 351-3, Professional Education and Training Programs of the Army Medical Department, 1988 and 2006 (DRAFT).

b. American Medical Association (AMA), Health Professions Career and Education Directory, 2004-2005, 32nd ed., AMA Press, 2004.

2. Definition.

a. Continuing education (CE) is necessary for the "continuing development of professional and technical proficiency for Army Medical Department (AMEDD) personnel" (AR 351-3, p. 27). Its purpose is to upgrade knowledge and proficiency in a specific field. Many regulatory boards require CE contact hours for re-licensure.

b. Continuing education is not basic professional preparation, nor is it in-service education. Therefore, not all programs are eligible for CE credits. Courses that can award CE credits include those in the Post-Graduate Professional Short Course Program, leadership courses, functional courses above the beginning level of practice, distance learning products (including correspondence courses and other exportable training products), and branch-specific military training (e.g., Corps' Tracks in Officer Basic Course).

3. Scope. This applies to all departments within the AHS, as appropriate. As an academic and training organization, the AHS will take the lead in providing opportunities for continuing education, and in awarding the appropriate contact hours for that education.

4. Responsibilities. It is the responsibility of the individual Officer/NCO to maintain the appropriate level and amount of CE credits. It is the responsibility of every department chief to ensure that the course directors obtain CE credits for the courses for which they are responsible.

5. Procedures.

a. Continuing education credit is obtained through professional specialty organizations, state licensing organizations, and/or national accrediting organizations. Some Corps have an approval process that is delegated to them through a professional organization accrediting process; others apply directly to the professional or licensing/accreditation body for CE credits. Appendix A. lists

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professional groups represented at the AHS, the professional continuing education - granting organization, and the POC for additional information. Appendix B., taken directly from the Draft Revision of AR 351-3 (2006) specifies the amount of CE credits that are mandatory for each officer branch in the AMEDD and provides more detail concerning the CE approval processes for each Corps.

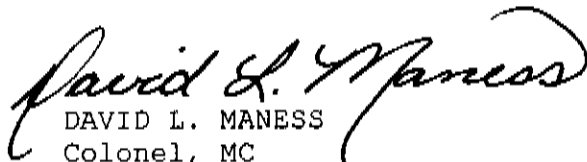
b. Department and course directors are responsible for ensuring their courses provide the appropriate CE credit, if applicable, and will be responsible for initiating and completing the application process for awarding CE credits through the appropriate agencies.

c. Assistance in applying for CE programs can be provided by the Department of Health Education and Training, the Medical Education Directorate (Office of the Surgeon General) and subject matter experts assigned to the AMEDD Center and School (AMEDDC&S). Assistance includes providing guidance in developing and submitting the application packet to the appropriate accrediting agency and determining whether the program meets the agency's requirements for CE credit.

d. The Office of the Registrar, Department of Academic Support and Quality Assurance, will serve as the repository for CE documents and records for AMEDDC&S courses, and will maintain a data base to track AMEDDC&S courses awarding CE credit. This list will be reviewed annually by the Department Chiefs.

6. The point of contact for this information is Chief, Department of Academic Support and Quality Assurance, AHS, 18745.

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DAVID L. MANESS
Colonel, MC
Dean, Academy of Health
Sciences

Appendix A. Continuing Education Credit Quick Reference Guide

Dept Specialty	CE granting organization	Local POC	Contact info	Membership Mechanism
DCSS Laboratory Branch	Professional Acknowledgment for Continuing Education (paoc)	LTC Sheryl L Dunn	Outlook or 221-8256	Individual Membership. Dues required if wanting CE for your seminar, Can take/pay for individual CE courses provided by ASCLS
DCSS Laboratory Branch	American Society for Clinical Pathologists (ASCP) Lab Medicine	LTC Sheryl L Dunn		Individual Membership. CE courses provided by ASCP
DCSS Laboratory Branch	American Society for Clinical Laboratory Scientists (ASCLS)	LTC Sheryl L Dunn		Individual Membership. CE courses provided by ASCLS
DCSS Laboratory Branch	Medical Laboratory Observer (MLO)	LTC Sheryl L Dunn		Can take/pay for individual CE courses provided by MLO
DCSS Chemistry Section	American Association for Clinical Chemistry (AACC)	Dr. Elaine Pennington	Outlook or 221-7668	Individual Membership. CE courses provided by AACC
DCSS Chemistry Section	San Antonio College (under creation) (ASCP)	Dr. Elaine Pennington		Contract with SAC to provide CE through ASCP, paid for by individual through Tuition Assistance, Individual Membership
DCSS Microbiology Section	American Society for Microbiology (ASM)	LTC Mike Kozar	Outlook or 221-7648	Individual Membership. CE courses provided by ASM
DCSS Blood Bank Section	American Association of Blood Bank (AABB) News	LTC Sheryl L Dunn		Individual Membership. CE courses provided by AABB
DCSS Hematology Section	American Society of Hematology (ASH)	LTC Sheryl L Dunn		Individual Membership. CE courses provided by ASH
DCSS Pharmacy Branch	Accreditation Council for Pharmacy Education (ACPE)	MAJ William F Starnes	Outlook or 221-7553	Contract with ACPE to approve/authorize CE by Pharmacy Section
DCSS Radiology Branch	The American Registry of Radiologic Technologists (ARRT)	Ms Brunhilde S Green	Outlook or 221-8958	Individual Membership Dues required for CE for your seminar
DCSS Radiology Branch	The American Society of Radiologic Technologists (ASRT)	Ms Brunhilde S Green		Individual Membership Dues required for CE for your seminar
DDS Dentistry	American Dental Association	MNs. Kay Barrett	Outlook or 221-0079	DHET, Dental Ed. Branch, is the approval authority for the ADA Continuing Education Recognition Program
DHSA Health Care Admin	American College of Healthcare Executives (ACHE)	LTC Nick Coppola	Outlook or 221-8203	American College of Healthcare Executives (ACHE)
DNS Nursing	American Nurses Credentialing Center (ANCC)	COL Maria Bryant	Outlook or 295-0274	DHET, Nursing Ed. Branch, is the ANCC Approval Authority for the AN Continuing Health Education Program
DNS Nursing Anesthesia	American Association of Nurse Anesthetists (AANA)	COL Tom Ceremuga	Outlook	CE credits are applied for and awarded by the AANA directly.
DPHS Social Workers	State Board of Social Work Association of Texas	MAJ John Sanchez	Outlook	
DPHS Addiction Counselors	Texas Certification Board of Addiction Professionals	MAJ John Sanchez	Outlook	
DPHS Physicians	American Medical Association (AMA)	MAJ Vince Moore	Outlook	OTSG (Ms. Lisa Capers (703) 681-5037) awards CME credit through the AMA
DPHS Nursing	American Nurses Credentialing Center (ANCC)	COL Maria Bryant	Outlook or 295-0274	DHET, Nursing Ed. Branch, is the ANCC Approval Authority for the AN Continuing Health Education Program
LTC Nursing	American Nurses Credentialing Center (ANCC)	COL Maria Bryant	Outlook or 295-0274	DHET, Nursing Ed. Branch, is the ANCC Approval Authority for the AN Continuing Health Education Program
LTC Nursing Anesthesia	American Association of Nurse Anesthetists (AANA)	COL Tom Ceremuga	Outlook	CE credits are applied for and awarded by the AANA directly.

APPENDIX B. Continuing Health Education (CHE) Details FOR AMEDD Corps (as excerpted from AR 351-3 DRAFT, 2006)

Continuing Health Education (CHE) Details for the Dental Corps

5-16. General

This section provides guidance for administering and operating a CHE program for DC officers. It outlines responsibilities for CHE and provides procedural guidelines for continuing dental education.

5-17. Dental Corps responsibilities

a. The Chief, U.S. Army Dental Corps is responsible for policy and procedural guidelines to develop and conduct continuing dental education.

b. The Dental Unit Commander/Director of Dental Services is responsible for the management, operation, and evaluation of the local dental CHE program. A Director of Dental Education will be appointed to conduct the program.

c. The Director of Dental Education will:

(1) Implement, supervise, manage, evaluate, and provide continuous quality improvement for the local CHE program.

(2) Provide assigned DC officers with an annual statement of CHE credits earned during the preceding year and a triennial statement of CHE credits earned for each 3-year period.

(3) Include in any advertisement for CHE under the supervision of the Dental Education Committee that the program has Continuing Education Recognition Program (CERP) approval through the ADA.

d. Dental officers will:

(1) Maintain records of their participation in CHE programs.

(2) Obtain 30 hours of CHE each year of which 20 are from Category I.

5-18. Policy and procedures

Categories of acceptable dental education activities and credits to be recorded are listed below.

a. Category I, scientific dental courses.

(1) One hour of credit will be recorded for each hour completed in the scientific portion of the following educational activities:

(a) Formal scientific CE courses. These courses are sponsored by organizations or institutions within the civilian or military community. The sponsors must be approved by the ADA or MCCS-HED. These organizations and institutions may include, but are not limited to, dental schools; national specialty organizations; military specialty organizations; and constituent societies of the ADA.

(b) Short courses sponsored by ASCP, AFIP, and Major Army Commands (MACOMs).

(c) Short courses sponsored by other Federal services.

(d) Dental or medical professional staff conferences having a formal scientific CE program to include lectures or formally presented audiovisual materials.

(e) Local civilian dental society meetings that are part of a scientific CHE program.

(2) Attendance at multi-day convention meetings sponsored by an approved organization will be given five hours credit. Meetings may be at international, national, regional, or state level. An additional hour-for-hour credit for such meetings may be gained by attending:

(a) Lectures or clinics within these meetings, as verified by the sponsor.

(b) A breakfast or luncheon session having a scientific program.

(3) Formal clinical rotations of at least four weeks in a dental specialty other than general dentistry qualify for one hour of CHE credit per eight hours of rotation. The clinical study must be under the guidance of a board-eligible or certified specialist in that specialty.

(4) Study clubs formally organized under the direct or indirect supervision of an approved sponsor may be given one hour of credit per hour completed.

(5) Postgraduate or residency study leading to satisfactory completion of certain educational programs may be credited with 50 hours per AY of study. These programs must be accredited by the ADA. This provision is made to cover the many learning presentations for residents. This credit is in addition to other forms of CE normally attained outside academic residency training. Credit for CHE is specifically excluded for lectures given by mentors as a part of their normal duties within teaching programs.

b. Category II, papers, publications, and scientific presentations. Credit for activities may be given as follows:

(1) Ten credit hours may be given to each author of a scientific paper relevant to the dental profession that is published in a national or State recognized health care journal. Ten credit hours may also be given for an individually authored chapter of a textbook. Twenty credit hours may be awarded to the author of an entire textbook. Requests for this type credit will be submitted to the Academy of Health Sciences, Department of Health Education and Training, ATTN: MCCS-HED, Suite 205, 1750 Greeley Rd., Fort Sam Houston, TX 78234-5075. A copy of the article or textbook must accompany each request.

(2) Presentation of a paper or lecture at the educational activities described in Category I qualifies for one hour of credit per hour of lecture. This credit is in addition to the credit awarded for attending the session.

c. Category III, clinics and exhibits. Credit will be given for--

(1) Presenting a table clinic at a professional meeting described in Category I. The presentation may be awarded four hours of credit.

(2) Presenting an exhibit on a topic related to dentistry described in Category 1 at professional meetings. The presentation may be awarded four hours of credit.

d. Category IV, self-instruction. Formal training extension courses and self-assessment tests seen as exportable self-study packages may be given CHE credit. (Extension courses must use a

testing mechanism.) Persons completing such courses will submit written requests for CHE credit to the Academy of Health Sciences, Department of Health Education and Training, ATTN: MCCS-HED, Bldg. 4011, 1750 Greeley Rd., Fort Sam Houston, TX 78234-5075. The request should include--

(1) The published course description.

(2) A copy of the diploma, certificate, or letter showing satisfactory course completion.

e. Category V, other educational activities.

(1) One hour of credit may be given for each hour completed in programs related to managing a dental practice.

(2) Other meritorious education activities not discussed in these guidelines may be given CHE credit. The Chief, GDE Branch, Academy of Health Sciences, will determine if these activities are acceptable toward the CHE requirement. Requests for credit in Category V must be submitted in writing to the Academy of Health Sciences, Department of Health Education and Training, ATTN: MCCS-HED, 1750 Greeley Rd., Suite 205, Fort Sam Houston, TX 78234-5075.

(3) Continuing Health Education courses not falling within these guidelines must be approved before they are presented as CHE credits for Army DC officers. Requests for approval should be submitted to the Academy of Health Sciences, Department of Health Education and Training, ATTN: MCCS-HED, 1750 Greeley Rd., Suite 205, Fort Sam Houston, TX 78234-5075. Such approval does not prevent the review of sponsoring organizations or their individual programs. Sponsors seeking approval must be formally organized. The courses they offer must have intellectual or practical content and deal primarily with the practice of dentistry or the professional responsibility of those enrolled. Requests should include--

(a) The name and address of the person or organization responsible for conducting the course.

(b) An outline of the CHE program.

(c) A description of the facilities in which the course will be conducted.

(d) Any other appropriate data that will enhance course approval.

f. Inquiries. Inquiries concerning acceptability of CHE activities, approval of sponsors, or credit hours should be addressed to the Academy of Health Sciences, Department of Health Education and Training, ATTN: MCCS-HED, 1750 Greeley Rd., Suite 205, Fort Sam Houston, TX 78234-5075.

Continuing Medical Education (CME) for MC Officers

6-27. Introduction

a. This section provides guidance for administering and operating a CME program for MC officers. It also describes standards and criteria needed to plan, develop, and conduct CME programs for physicians in Active Army/Reserve Component (AC/RC) AMEDD facilities.

b. The MEDCOM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) as a sponsor of CME activities. Therefore, all MEDCOM policies and procedures pertaining to CME are in full accordance with ACCME requirements and Federal regulations. As an accredited sponsor, the MEDCOM may award AMA PRA category 1 credit for activities that are planned and conducted in compliance with the ACCME standards. The MEDCOM mission statement for CME describes the types of activities, target audience, and subject matter that are appropriate for its sponsorship. Entities within the AMEDD that are planning CME activities that are felt to be consistent with the mission statement and who wish to offer CME credit for participation may choose to work with the MEDCOM for sponsorship. Those interested should refer to current policies to ensure compliance with all requirements. MEDCOM will not sponsor any activity that fails to comply with all requirements.

c. CME is defined under existing policy issued by TSG in accordance with principles and direction of the ACCME. Any activity for which credit is requested must meet the definition of CME to award credit. No entity may indicate on any certificate or other document sponsorship by MEDCOM for CME credit unless approved by HQDA, OTSG, ATTN: DASG-PS2-M.

d. CME is a separate function from GME. Programs should be planned and produced that address the needs of physicians who are not in residency training.

e. Numerous options are available to MC officers for CME participation. These include hospital-based activities, courses provided by other Federal organizations, short courses, and civilian institutions. MC officers are expected to meet licensure standards as prescribed by the state licensing authority, their specialty-specific boards, and participate in CME as part of their professional duties. They must ensure participation is documented to meet applicable credentialing and licensure authorities requirements.

f. Application and Funding. MC officers apply for short course training as prescribed by MOI issued by HQDA, OTSG, ATTN: DASG-PSZ-MC. Table 3-1 outlines the funding sources for all AMEDD personnel to attend short courses. Officers must have at least 1 year of service remaining after completion of the desired training.

g. Army personnel must conduct all activities according to the standards of ethics and conduct established by the DoD and the Army. The ACCME Standards do not address all the requirements that Army personnel must meet when accepting support from non-Federal sources. However, Army regulations and standards of ethics and conduct must prevail whenever there is conflict between ACCME and Army standards, unless ACCME rules are more strict.

(1) The Army has strict guidelines that govern the acceptance of support from non-Federal sources. A non-Federal source is any entity other than the government of the United States.

(2) Entities planning activities who wish to accept support from non-Federal sources must follow guidelines prescribed by Army policy documents and complete all required actions to receive such support. Gifts must be processed in accordance with current regulatory and policy guidance.

6-28. Medical Corps responsibilities

a. Commanders, through their CME committees and with guidance from MEDCOM, will plan; manage; and evaluate local CME programs. .

b. Physicians will maintain records of their participation in CME programs and submit copies of CME certificates to their respective credentials offices for inclusion in their records.

6-29. Criteria

a. CME activities must be sponsored by an accredited organization and be designated as AMA PRA category 1 education by that organization in order to award AMA PRA category 1 credit to participants.

b. American Medical Association PRA category 1 activities can take a variety of forms including lectures, seminars, use of self-study materials, self-assessment programs, and audio-visual or computer based materials as long as they are designated as category 1.

c. To qualify as an approved CME program for which AMA PRA category 1 credit may be awarded by MEDCOM, each type of program as defined under CME must meet the ACCME and MEDCOM requirements.

d. MEDCOM, as an accredited provider, does not designate activities for AMA PRA category 2 credit. Physicians should claim credit for appropriate AMA PRA category 2 activities through the AMA.

6-30. Policy and procedures

a. Program selection and approval.

(1) Authority to award AMA PRA credit resides with MEDCOM as the accredited sponsor. Commanders of the MEDCOM and its MSCs, through the CME committees in their organizations, will plan and implement jointly sponsored programs with MEDCOM within their facilities in accordance with the ACCME requirements. Institutional officials must complete required documentation for all CME conducted in Army MTFs. The local CME director may approve activities to be jointly sponsored with MEDCOM. The commander will ensure that a complete record is maintained for each activity awarding category 1 credit according to paragraph 6-29 for 6 years.

(2) Course directors for AC/RC AMEDD CME activities attended by physicians from more than one facility must complete and submit a planning document as prescribed by applicable CME guidelines to the MEDCOM CME office for review and approval of the activity for AMA PRA category 1 credit. The planning documents must be submitted 45 days prior to the activity start date. These must be reviewed and approved before the activity is conducted. Approval and sponsorship cannot be given

retroactively. An after-action report must be submitted following the conclusion of each course.

b. Deputy Commanders for Clinical Services or CME Director will submit an annual summary report as prescribed by applicable CME guidelines of MEDCOM sponsored CME activities within their commands as of the end of each FY. Negative reports are required. The report will be submitted to HQDA, OTSG, ATTN: DASG-PSZ-MC. It must arrive NLT 45 days after the completion of each FY.

c. Commanders and CME planners must maintain signed letters of agreement for all commercial sponsorship. Further references on CME policy and guidelines are detailed on the U.S. Army MEDCOM CME website:
<https://conus.mods.army.mil/cmeweb/secured/>.

6-31. Special references

Special references apply to this chapter only. These publications can be obtained from the proponent organizations. (See AR 351-3, App A, sec II.)

7-6. CHE details for the MS

a. General. This section provides guidance to help MS Officers meet the requirements for the CHE program. It should also help them obtain and maintain professional credentials. The list below contains a list of professional organizations available to MS officers for professional enrichment and credentialing.

(1) Administration.

- (a) American Academy of Medical Administrators.
- (b) American College of Hospital Administrators.
- (c) American Management Association.
- (d) American Medical Records Association.
- (e) American Public Health Association.
- (f) Association of Clinic Managers.
- (g) Health Care Financial Management Association.
- (h) American College of Health Care Executives
- (i) Society for Human Resource Management

(2) Audiology.

(a) American Speech Language/Hearing Association.

(b) Council for Accreditation in Occupational Hearing Conservation.

(3) Behavioral sciences.

(a) American Association of Marriage and Family Therapy.

(b) American Association of Sex Educators, Counselors, and Therapists

(c) American Hospital Association

(d) American Psychological Association.

(e) National Association of Social Workers.

(4) Biological sciences.

(a) American Association for Clinical Chemistry.

(b) American Association for Immunology.

(c) American Association of Advanced Sciences.

(d) American Association of Blood Banks.

(e) American Chemical Society.

(f) American Physiological Society.

(g) American Society for Microbiology.

(h) American Society for Tropical Medicine and Hygiene.

(i) American Society of Clinical Pathologists.

(j) American Society of Parasitologists.

(k) American Society of Medical Technologists.

(5) Biomedical maintenance.

(a) Association for Advancement of Medical Instrumentation.

(b) Program for Biomedical Engineering Technicians.

(c) Veterans Administration Certification.

(6) Computer sciences.

(a) Association for Systems Management.

(b) Association of Computer Machinery.

(c) Data Processing Management Association.

(d) Operations Research Society of America.

(7) Entomology. Entomological Society of America.

(8) Environmental/sanitary engineering.

- (a) American Academy of Environmental Engineers.
- (b) American Academy of Industrial Hygiene.
- (c) American Academy of Sanitarians, Incorporated.
- (d) Board of Certified Safety Professionals.
- (e) Conference of Federal Environmental Engineers.
- (f) International Hazard Control Manager.
- (g) National Environmental Health Association.
- (h) Society of American Military Engineers.

(9) Health facilities design/management. National Council of Architects Registration Board.

(10) Logistics.

- (a) American Society for Resource and Materials Management.
- (b) International Materials Management Society.
- (c) National Association for Hospital Purchasing Materials Management.
- (d) National Executive Housekeepers Association.
- (e) Society of Logistics Engineers.

(11) Optometry. American Optometric Association.

(12) Pharmacy.

- (a) American Pharmaceutical Association.
- (b) American Society of Hospital Pharmacists.

(13) Physical sciences.

- (a) American Board of Health Physics.
- (b) American Board of Radiology.

(14) Podiatry.

- (a) American Academy of Podiatric Administration.
- (b) American Academy of Podiatric Sports. Medicine.
- (c) American Association for Women Podiatrists.
- (d) American Board of Podiatric Surgery.
- (e) American Board of Podiatric Orthopedics.
- (f) American College of Foot Orthopedists.
- (g) American College of Foot Surgeons.
- (h) American College of Podiatric Radiologists.
- (i) American College of Podopediatrics.
- (j) American Podiatry Association.
- (k) American Society of Podiatric Dermatology.

b. MS Officer responsibilities. MS officers will--

(1) Communicate directly with professional accrediting organizations.

(2) Determine if specific training experiences, attended or scheduled, meet the requirements of the organization where credentialing is maintained.

(3) Maintain records of their attendance of CHE experiences.

CHE Details for the Army Nurse Corps

8-8. General

a. This section--

(1) Provides guidance for administration and operation of the Army Nurse Corps Continuing Health Education Program (ANC-CHEP).

(2) Provides guidelines for the quarterly CHE report (see para 8-13).

b. The ANC-CHEP serves to approve and monitor the provision of quality, relevant, and timely CE activities in accordance with the American Nurses' Credentialing Center (ANCC) Commission on Accreditation standards and criteria. (The ANCC is a subsidiary of the American Nurses Association (ANA).) The program ensures that a broad range of CE experiences are made available, providing the opportunity for nurses assigned and practicing in various roles to learn and advance in professional nursing practice; administration; and management.

c. The ANC-CHEP Guidelines describe specific policy and procedures for the program as well as criteria for approval of CE activities. This manual is revised as needed. Current ANC-CHEP Guidelines can be obtained from the AMEDDC&S web page or the Army Nurse Corps web page. It can also be obtained from the Nursing Education Branch at: Academy of Health Sciences, Department of Health Education and Training, 1750 Greeley Rd., Suite 201, ATTN: MCCS-HEN, Fort Sam Houston, TX 78234-5075.

d. The ANC-CHEP assists AN officers and civilian nurses in

accumulating professionally-approved CE credit (contact hours). The program may assist nurses in meeting CE requirements for professional certification and/or re-licensure in those States in which such evidence is required by law.

e. While ANC-CHEP provides a cost-effective method for obtaining professionally approved CHs, participation in this program is voluntary. MTFs and other medical units may choose to obtain approval for their nursing CE activities from state or specialty organizations in lieu of ANC-CHEP approval.

f. The Nursing Education Branch, DHET, Academy of Health Sciences (AHS), is the accredited approver unit for ANC-CHEP.

g. Categories of approval. The ANC-CHEP approver unit uses criteria provided by the ANCC Commission on Accreditation to review and approve the following three categories of CE:

(1) Provider-Directed Activity: An educational activity that involves participant attendance. The pace of the activity is determined by the provider who plans and schedules the activity. When approved, the activity is current for a two-year period.

(2) Learner-Directed Activity: An educational activity designed for completion by learners, independently, at the learner's own pace and time. When approved, the activity is current for a two-year period.

(3) Approved Provider: An individual or institution approved for a three year period to plan, implement, and evaluate CE activities for their respective facility. Approval is based on an in-depth analysis of the quality of several CE activities already presented as well as the policies, procedures, and resources available to maintain a quality educational program.

h. The following terms are unique to ANC-CHEP:

(1) Accreditation. The process by which the ANCC determines that the ANC-CHEP Board has the capacity to approve quality CE over an extended period of time.

(2) ANC-CHEP Approver Unit. The Army Nurse Corps' administrative body, responsible for coordinating all aspects of the CE approval process. This body approves Provider-Directed Activities, Learner-Directed Activities, and Approved Providers from its constituency and has a six-year accreditation by the American Nurses Credentialing Center, which falls under the ANA.

(3) ANC-CHEP Approved Provider. The MTF or medical unit administrative body responsible for coordinating all aspects of the nursing CE activities sponsored by the provider at the local MTF level. The approved provider reviews and awards CHs for CE activities as developed and implemented (provided) at and for that specific MTF.

(4) ANC-CHEP Monitor. The AN officer who has overall responsibility for ANC-CHEP.

(5) Continuing Education (CE). Consists of planned learning activities intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public.

(6) Constituent. Those whom ANC-CHEP serves. For ANC-CHEP, constituents include all DoD Nurse Corps officers, as well as civilian, contract and other Federal nurses working within Army MTFs or other medical units.

(7) Contact hour (CH). A unit of measurement that describes 50 minutes of an approved, organized educational experience. ANC-CHEP does not use the term "continuing education unit(CEU)".

(8) Provider. An individual, institution, organization, or agency responsible to develop, implement, evaluate, document, budget, and maintain quality assurance for CE activities.

8-9. Army Nurse Corps Continuing Education Program (ANC-CHEP) responsibilities

a. The Chief of the AN--

(1) Acts as agent of the ANC-CHEP program.

(2) Is the official sponsor of the ANC-CHEP program.

(3) Takes part in monitoring the ANC-CHEP program to ensure its overall quality. This responsibility is delegated to the Chief, Nursing Education Branch, Department of Health Education and Training, Academy of Health Sciences.

b. MTF chief nurses plan, manage, and evaluate local ANC-CHEP activities. This responsibility is generally delegated to the Chief, Nursing/Hospital Education Department. The local unit

will manage local CE activities to include records and reports according to established policies and procedures of their CE approval organization (ANC-CHEP, state, or local nursing organization).

c. AN officers --

(1) Are expected to obtain 20 CHs of CE per year. This may be accomplished through ANC-CHEP approved activities, or those approved by state or specialty nursing organizations.

(2) Will maintain records of their participation in CE activities, according to local policy.

8-10. ANC-CHEP policy and procedures

a. A qualified AN officer assigned to Nursing Education Branch, DHET, will monitor all ANC-CHEP activities. The officer will direct the activities of the ANC-CHEP Review and Appeal Boards.

b. The ANC-CHEP Review Board will approve the award of ANCC-endorsed CE contact hours. The criteria outlined in the ANC-CHEP Guidelines will be applied.

c. Applications for CE contact hours not meeting the criteria will be returned to the sponsors unapproved. Suggestions to help the sponsor meet those criteria will be included. Sponsors may appeal the decision of the ANC-CHEP Review Board to the ANC-CHEP Appeal Board, which will be convened as needed. ANC-CHEP Review and Appeal Boards are described in paragraphs 8-11 and 8-12, respectively.

d. Applications for CE contact hours should be forwarded via email to Chief, Nursing Education Branch, at least 30 days before the time the CE activity is to be presented. Guidelines for application are delineated in the ANC-CHEP Guidelines.

e. The ANC-CHEP review board will review the application, approve the application for the proper number of CHs, and notify the constituent of the review board's decision.

f. A copy of the complete application to include the approval letter will be maintained at the Nursing Education Branch for five years.

g. For renewal of a previous application, a complete new

application must be submitted with the appropriately updated information.

h. A CE activity co-sponsored with another professional group in the organization must demonstrate the participation of a professional nurse in the planning. The nursing aspect of the topic must be evident in the content outline.

i. The original, approved CE activities may be used by other AMEDD organizations within the specific two approval period. Conditions of the presentation must duplicate those of the original site. The original sponsor of the CE activity determines the appropriateness of satelliting the activity to another organization.

8-11. ANC-CHEP Review Board

The ANC-CHEP Review Board will meet quarterly and as needed. The ANC-CHEP monitor will convene the board meetings. The ANC-CHEP review board consists of--

a. Chairperson: the Chief, Nursing Education Branch/AN-CHEP Monitor.

b. Subject matter experts: 10 to 20 AN officers assigned in the San Antonio, TX, area who are experts on the content of the subjects to be reviewed.

8-12. ANC-CHEP Appeal Board

The ANC-CHEP Appeal Board will meet as required. The ANC-CHEP monitor will convene the board. The ANC-CHEP Appeal Board will consist of--

a. Nursing Education Consultant, Chairperson.

b. Senior Nursing Executive Officers/Consultants, minimum of two.

8-13. Reports

a. A Quarterly summary of all ANC-CHEP CE activities will be submitted not later than 30 days after the end of each quarter through the MTF Chief Nurse to the Nursing Education Branch. The report will be prepared in the format indicated in the most current ANC-CHEP Manual. In addition, one packet, which has been awarded contact hours, must be submitted to be reviewed by

the ANC-CHEP Review Board.

b. The End-of-the-Calendar-Year Report is a summary of each Approved Provider's annual CE activities and is due to the ANC-CHEP Approver Unit by 9 April each year.

Continuing Health or Medical Education for SP Officers

9-8. Introduction

This section provides guidance for administration, operation, and approval of the CHE/CME program for SP officers.

a. Minimum Requirements. Army Medical SP officers are expected to maintain and extend their clinical proficiency through continued CHE and CME as a condition of maintaining clinical credentials and privileges. Officers must also meet the CHE requirements of their national or state professional organization in order to be registered, licensed, or certified. It is recommended that OTs, PTs, and RDs obtain at least 25 credit hours of CHE annually. Army PAs must obtain at least 50 credit hours of CME annually. Funding authorities for CHE/CME expenses are outlined in table 3-1.

b. Professional organizations requirements:

(1) Army OTs must be licensed in a state offering licensure in occupational therapy. Continuing Health Education (CHE) requirements for licensure renewal are established by each state licensing agency.

(2) Army PTs must be licensed in 1 of the 50 States. CHE requirements for licensure renewal are established by each state licensing agency.

(3) Army dietitians must be registered by the American Dietetic Association. Examination for registration at the national level is required for initial registration; CHE is required for continued registration. Army dietitians must be licensed or hold the equivalent certification in a state offering licensure.

(4) Army PAs must obtain and maintain National Commission on Certification of Physician Assistants (NCCPA) certification through re-registration of a minimum of 100 CHE hours each 2-year period and re-certification every 6 years.

c. CHE/CME credit approval.

(1) PTs and OTs will seek CHE credit approval based upon the criteria established by the professional organizations within the state in which the therapist is licensed.

(2) Dietitians will communicate directly with the ADA for approval of CHE credit to meet requirements for continued registration.

(3) PAs will seek approval for CME credit through the American Academy of Physician Assistants (AAPA). PAs may record their CME credit through AAPA or directly with National Commission for Certification of Physician Assistants (NCCPA). Only those credits recorded by these agencies will be recognized for certification or re-registration. AAPA recognizes CME credit pre-approved by the American Medical Association, AAPA, American Association of Physician Assistants (American Academy of Physician Assistant), Accreditation Council for Continuing Medical Education (ACCME), American Osteopathic Association (AOA), or American Academy of Family Practice (AAFP).

d. Coordinators of programs granting CHE/CME. Course coordinators must contact the appropriate approving agency to arrange for the award of CHE/CME credit. They should also issue a certificate or statement announcing the number of approved hours to be awarded to the attendees of the course.

e. SP officers. Individual SP officers will--

(1) Advise their commander of their CHE requirements for licensure and credentialing purposes.

(2) Maintain records of their participation in CHE programs and, if required, submit the summary to the credit approving authority.

CHE Details for the Veterinary Corps

10-11. General

This section provides guidance on recording attendance at CHE by VC officers. It includes a listing of training resources available to VC officers.

10-12. Veterinary Corps responsibilities

a. The VC will assist VC officers in procuring funding to complete CHE required for licensure and accreditation.

b. VC officers will--

(1) Maintain records of their participation in CHE programs.

(2) Forward required documentation of CHE to the appropriate licensing entities.

10-13. Policy and procedures

CHE requirements for VC officers will be satisfied primarily by attending local, regional, or national meetings. Meetings will be sponsored by recognized professional or health associated societies, associations, or academic institutions. Other training resources available are as follows:

a. Journal clubs that provide for the review, presentation, and discussion of articles from current professional journals.

b. Clinical presentations.

c. Audiovisual programs obtained from the--

(1) American Veterinary Medical Association.

(2) U.S. Public Health Service and other federal agencies.

(3) AMEDDC&S.

(4) Army Film Library.

(5) Pharmacological and animal food companies.

(6) State and local veterinary medical associations.

(7) American Animal Hospital Association and other professional associations.

(8) Armed Forces Institute of Pathology (AFIP).

d. Attendance at professional education or training

courses or programs presented by the military.

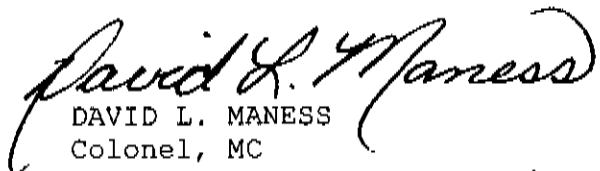
e. Presentations by visiting consultants, local practitioners, and members of the allied sciences.

05 DEC 2006

MEMORANDUM FOR Academy of Health Sciences (AHS) Departments

SUBJECT: Academic Probation (Policy #16)

1. Reference U.S. Army Medical Department Center and School and Fort Sam Houston Regulation 351-12, Enrollment, Relief, New Start/Recycle, Administrative Disposition, and Counseling of Student Personnel.
2. As part of the AHS' philosophy of proactive involvement with student performance, we must identify students who are "at risk" early in our programs, to ensure appropriate interventions are applied and to provide the student the best possible opportunity to succeed.
3. The use of academic probation is an acceptable mechanism to assist "at risk" students whose academic performance is below course standards. If instituted, the course's Student Evaluation Plan (SEP) should detail the following:
 - a. Conditions as to when a student will be placed on academic probation.
 - b. Requirements of students placed on academic probation: for example, mandatory attendance at study halls, reaching a designated grade point average, or additional counseling.
 - c. Conditions necessary in order for a student to be removed from academic probation.
4. Students will not graduate from a program while placed on academic probation. The SEP must identify realistic, achievable provisions that clearly demonstrate the student is achieving course standards in order for a student to be removed from probation.
5. The point of contact for this policy is SGM Jessie Pee, Chief Enlisted Instructor, AHS, 17305.


DAVID L. MANESS
Colonel, MC
Dean, Academy of Health Sciences